

Guardianship Tribunal

OFFICE USE ONLY

File No. _____
Matter No. _____
Date: _____
Ack. Sent: _____

Application to Review an Enduring Guardianship Appointment

Please print and use a black pen!

PERSON WHO MADE THE ENDURING GUARDIANSHIP APPOINTMENT ('THE APPOINTOR')

NAME: Mr/Mrs/Ms/Miss/Dr _____
Given names *Family name*

DATE OF BIRTH: _____ AGE: _____

CURRENT ADDRESS: _____

Suburb *State* *Postcode*

TELEPHONE: (____) _____ (____) _____
Daytime *After hours* *Mobile*

FAX NO: (____) _____ PAGER NO: _____ EMAIL: _____

Does 'the appointor' know about the application? Yes No Don't know

What is their attitude to the application? Support Oppose Don't know

The Tribunal must take into consideration the views of 'the appointor' the application is about. The Tribunal always wants the appointor to come to the hearing unless that is impossible due to ill-health or some other special reason.

YOUR DETAILS (APPLICANT)

NAME: Mr/Mrs/Ms/Miss/Dr _____
Given names *Family name*

CURRENT ADDRESS: _____

Suburb *State* *Postcode*

TELEPHONE: (____) _____ (____) _____
Daytime *After hours* *Mobile*

FAX NO: (____) _____ PAGER NO: _____ EMAIL: _____

Are you the appointor's:

- enduring guardian (please attach copy of the enduring guardianship appointment form)

If you are not the appointor's enduring guardian, what is your relationship to the appointor?

Relationship: _____

NATURE OF 'THE APPOINTOR'S' DISABILITIES

What disability does the appointor have? Dementia Intellectual disability
 Stroke Alcohol/drug related Mental Illness Brain Injury Other _____

How severe or advanced is the disability? _____

Approximately how long has the appointor had the disability? _____

CONTACT DETAILS FOR WRITTEN REPORTS

The Guardianship Tribunal will need at least two written reports about the appointor's disability. As the applicant, you are responsible for providing one or more reports from doctors or others about the appointor's capacity to make lifestyle decisions. Please provide the names of health professionals involved below.

NAME: Mr/Mrs/Ms/Miss/Dr _____
Given names *Family name*

ADDRESS: _____

Suburb *State* *Postcode*

TELEPHONE: (____) _____ (____) _____
Daytime *After hours* *Mobile*

FAX NO: (____) _____ PAGER NO: _____ EMAIL: _____

Report forwarded Report requested & to follow

NAME: Mr/Mrs/Ms/Miss/Dr _____
Given names *Family name*

ADDRESS: _____

Suburb *State* *Postcode*

TELEPHONE: (____) _____ (____) _____
Daytime *After hours* *Mobile*

FAX NO: (____) _____ PAGER NO: _____ EMAIL: _____

Report forwarded Report requested & to follow

If you would like to add more names please attach an extra sheet.

Has the appointor ever been assessed by an Aged Care Assessment Team or other specialist?

Yes No Don't know

If yes, please provide the Aged Care Assessment Team member or specialist's details:

NAME: Mr/Mrs/Ms/Miss/Dr _____
Given names *Family name*

ADDRESS: _____

Suburb *State* *Postcode*

TELEPHONE: (____) _____ (____) _____
Daytime *After hours* *Mobile*

FAX NO: (____) _____ PAGER NO: _____ EMAIL: _____

Report forwarded Report requested & to follow

OTHER INFORMATION WHICH MAY ASSIST THE TRIBUNAL

Please identify the appointor’s cultural background as this may help the Tribunal to understand the appointor and their situation. For example, Aboriginal/Koori, Greek, Vietnamese. _____

Does the appointor speak a language other than English at home? Yes No

If yes, what language? _____

Does the appointor identify as an Aboriginal / Torres Strait Islander? Yes No

WHY DO YOU THINK A REVIEW OF THE ENDURING GUARDIANSHIP APPOINTMENT IS NEEDED?

Please explain what led you to make this application.

Do you think that the enduring guardianship appointment is not working in the best interests of the appointor? If so, state why you think that. For example, are there real problems in how the appointor’s lifestyle decisions are being handled? Is the enduring guardian unwell or having real difficulty carrying out their responsibilities?

What attempts have already been made to resolve these problems?

IMPORTANT NOTE: The Guardianship Tribunal can convert an application for review of an enduring guardianship appointment to an application for guardianship or financial management at any time, if the Tribunal decides that this is appropriate in the circumstances. This means that the Tribunal may then decide to appoint a guardian or financial manager for the appointor — either the Public Guardian or a private guardian or the Protective Commissioner or private financial manager.

WHO DO YOU SUGGEST AS THE REPLACEMENT GUARDIAN?

If you wish to suggest a replacement enduring guardian please provide details below.

NAME: Mr/Mrs/Ms/Miss/Dr _____
Given names *Family name*

ADDRESS: _____

Suburb _____ *State* _____ *Postcode* _____

TELEPHONE: (____) _____ (____) _____
Daytime *After hours* *Mobile*

FAX NO: (____) _____ PAGER NO: _____ EMAIL: _____

Relationship to the appointor? _____

Does this person know about this application? Yes No Don’t know

CONTACT LIST OF ALL OTHER INTERESTED PERSONS

Staff of the Tribunal may contact people named in the application and other people who could provide information to help the Tribunal.

Please name any people not already mentioned who you think may have information which could help the Tribunal (eg. close friends, relatives etc). Include anyone who may be affected by the application and particularly anyone who may be opposed to the application.

NAME: Mr/Mrs/Ms/Miss/Dr _____		
<i>Given names</i>	<i>Family name</i>	
ADDRESS: _____		

<i>Suburb</i>	<i>State</i>	<i>Postcode</i>
TELEPHONE: () _____	() _____	_____
<i>Daytime</i>	<i>After hours</i>	<i>Mobile</i>
FAX NO: () _____	PAGER NO: _____	EMAIL: _____
Relationship to the appointor? _____		
What is their likely attitude to this application? <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Don't know		

NAME: Mr/Mrs/Ms/Miss/Dr _____		
<i>Given names</i>	<i>Family name</i>	
ADDRESS: _____		

<i>Suburb</i>	<i>State</i>	<i>Postcode</i>
TELEPHONE: () _____	() _____	_____
<i>Daytime</i>	<i>After hours</i>	<i>Mobile</i>
FAX NO: () _____	PAGER NO: _____	EMAIL: _____
Relationship to the appointor? _____		
What is their likely attitude to this application? <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Don't know		

NAME: Mr/Mrs/Ms/Miss/Dr _____		
<i>Given names</i>	<i>Family name</i>	
ADDRESS: _____		

<i>Suburb</i>	<i>State</i>	<i>Postcode</i>
TELEPHONE: () _____	() _____	_____
<i>Daytime</i>	<i>After hours</i>	<i>Mobile</i>
FAX NO: () _____	PAGER NO: _____	EMAIL: _____
Relationship to the appointor? _____		
What is their likely attitude to this application? <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Don't know		

NAME: Mr/Mrs/Ms/Miss/Dr _____		
<i>Given names</i>	<i>Family name</i>	
ADDRESS: _____		

<i>Suburb</i>	<i>State</i>	<i>Postcode</i>
TELEPHONE: () _____	() _____	_____
<i>Daytime</i>	<i>After hours</i>	<i>Mobile</i>
FAX NO: () _____	PAGER NO: _____	EMAIL: _____
Relationship to the appointor? _____		
What is their likely attitude to this application? <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Don't know		

If you consider the problems detailed in this application pose an immediate threat to the appointor, their health or wellbeing and you believe this application should be given priority over other applications, please provide your reasons.

PARTIES TO A HEARING

Parties is a term used in the *Guardianship Act*. 'Parties' must be given a copy of this application and a copy of the enduring guardianship appointment before the hearing of the review. The Tribunal will invite all the parties to the hearing. The parties to a review of an enduring guardianship appointment are:

- you, the applicant
- the appointor
- any person appointed by the appointor as his/her enduring guardian
- any other person joined by the Tribunal as a party to the review proceedings.

SPECIAL NEEDS AT HEARING

Name any party to the application who needs a language interpreter at the hearing. _____

If so, which language? _____

Name any party to the application who has a hearing impairment and will require assistance at the hearing (eg. signing interpreter, hearing loop etc). _____

If so, what help is needed? _____

Is any other type of help needed at the hearing (eg. wheelchair)? _____

If so, what help is needed? _____

DECLARATION BY APPLICANT

It is an offence to make a false or misleading statement in an application. Penalty up to \$500.

I have read and understood the application form, including the notes contained in it. Also, I have read this completed application and believe that to the best of my knowledge all of the information provided is true, complete and accurate.

Signature of applicant: _____

Signature of witness: _____ Date: _____

Name of witness (please print): _____

Address of witness: _____

Contact details for the Guardianship Tribunal

Street address: 2a Rowntree Street, Balmain NSW 2041

Postal address: Locked Bag 9, Balmain NSW 2041

Telephone: (02) 9555 8500
1800 463 928 (tollfree)

Fax: (02) 9555 9049

Telephone typewriter (02) 9552 8534

Email: gt@gt.nsw.gov.au

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